



City of Torrance, Community Services Department
PORTABLE STAGE APPLICATION

PLEASE COMPLETE AND RETURN TO:
City of Torrance
Community Services Department/Park Services Division
3031 Torrance Boulevard, Torrance, CA 90503
Phone (310) 781-6901 • Fax (310) 618-3077

NOTE TO APPLICANT: Please type or print clearly. Any person applying for the use of City property on behalf of any society, group or organization must present satisfactory credentials to the Community Services Department representative in charge of permits, prior to filing of such applications.

Date of Application: _____

1. Name of Organization: _____

Address: _____

City/State/Zip: _____

2. Contact Person: _____ Title: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____ Fax: _____

3. Name of Event: _____

4. Drop off: Date _____ Time: _____

5. Pick up: Date _____ Time: _____

6. Location where stage will be set up (name of park, school, parking lot, etc.): _____

7. Contact on day of the event for set-up: _____

8. Describe details of the event: _____

9. If requested for more than one day, identify security arrangements: _____

I, the undersigned, agree that any fees charged must be paid at least 10 business days prior to the requested date of use or the permit will be cancelled. Applicant must supply proof of liability insurance in the amount of One Million Dollars. Additional insured language must be included and read as follows: “Policy shall name the City of Torrance, its City Council, Officers, Employees, elected Officials and members of Boards and Commissions as an insured.”

Additionally, any damage done to the Portable Stage will be deducted from the security deposit. If damages occur that are greater than the security deposit, I understand that the organization will be billed for repairs.

Additionally, any overages caused by the applicant will be billed after the event or withheld from the security deposit.

On behalf of the organization, I agree to abide by and enforce all procedures governing use of the Portable Stage.

Print Name: _____ Organization: _____

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

The above application ☐ IS ☐ IS NOT granted per John Jones, Community Services Director.

By: _____ Date _____ Fees: _____